

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-018171

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE
ON THIS SUB

AMENDED

Registration District No. 43

Primary Registration District No. 3007

Registrar's No. 770

STATE FILE NUMBER

FILED MAY 21 1962

1. PLACE OF DEATH

a. COUNTY

Butler

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN

Poplar Bluff

Length of stay in lb
Yrs.

52 Yrs.

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION

En Route to Hospital

Inside Limits
Yes ☒ No ☐c. CITY
OR
TOWN

Poplar Bluff

d. STREET
ADDRESS (If outside, give location)

1012 Henry Street

Inside Limits
Yes ☒ No ☐Reside on Farm
Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First

Middle

Last

FRED

ROBERTSON

ARMES

4. DATE
OF
DEATH

Month

Day

Year

May

6,

1962

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

8. DATE OF BIRTH

5/10/1908

9. AGE (last birthday)

53

IF UNDER 1 YEAR

Months

Days

11

26

Hours

Min.

IF UNDER 24 HR

10a. USUAL OCCUPATION (Give kind of work done
during most of working life, even if retired)

Foreman

10b. KIND OF BUSINESS OR INDUSTRY

Electric Lineman

11. BIRTHPLACE (City and state or country)

Ripley County

12. CITIZEN OF WHAT COUNTRY

U. S. A.

13a. FATHER'S NAME

Cage Armes

13b. MOTHER'S MAIDEN NAME

Jennie Johnson

14. NAME OF HUSBAND OR WIFE

Thelma Armes

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

No

17. INFORMANT

Address

Thelma Armes, Poplar Bluff, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Cardiac arrest

INTERVAL BETWEEN
ONSET AND DEATH
5 minutesConditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

Myocardial infarction

5 minutes

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)PART III. If deceased was female was
there a pregnancy in last 90 days.☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY
PERFORMED?
YES ☐ NO ☒20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF
INJURYHour
a.m.
p.m.

Month, Day, Year

20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

Dead on arrival at Lucy Lee Hospital, Inc.

21. I attended the deceased from _____, to _____ and last saw her/him alive on _____

Death occurred at 10:30 A. M. _____ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

Poplar Bluff, Missouri

22c. DATE SIGNED

5-12-62

23a. BURIAL, CREMATION,
REMOVAL (Specify)

Burial

23b. DATE

5/8/1962

23c. NAME OF CEMETERY OR CREMATORY

City

23d. LOCATION (City, town, or county)

Poplar Bluff, Missouri.

(State)

24. FUNERAL DIRECTOR

ADDRESS

FRANK-COTRELL CHAPEL, POPLAR BLUFF, Mo. 5/19/1962

25. DATE RECD. BY LOCAL REG.

26. REGISTRAR'S SIGNATURE

Thelma Armes

(Licensed Embelmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

DATE AMENDED

VS 300,
Rev. 4/59

10128

2122

3

4 0

5 1

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7 0

8 2

9420.1

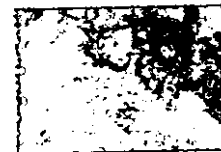
10

11

12 91-0

13 1-0

MAY 25 1962



STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed _____

Licensed Embalmer No. _____

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.